

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

362-030203

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 227

STATE FILE NUMBER

FILED SEP 10 1962

1. PLACE OF DEATH a. COUNTY <u>Callaway</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u> Length of stay in 1b <u>50 yrs.</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Callaway Mem. Hosp.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Callaway</u> c. CITY OR TOWN <u>Fulton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>212 E. 6th. St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <u>Bertha Jennie Gingrich</u> (Type or print) 5. SEX <u>Female</u> 6. COLOR OR RACE <u>White</u> 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> 8. DATE OF BIRTH <u>9-12-78</u> 9. AGE (last birthday) <u>88</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.		4. DATE OF DEATH Month Day Year <u>Sept. 7, 1962</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u> 10b. KIND OF BUSINESS OR INDUSTRY <u>State Hospital</u> 11. BIRTHPLACE (City and state or country) <u>Perky County, Pa.</u> 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Jacob Gingrich</u> 13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Rosenthal</u> 14. NAME OF HUSBAND OR WIFE <u>Deceased</u> 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> 16. SOCIAL SECURITY NO. <u>[redacted]</u> 17. INFORMANT Address <u>Mrs. Mattie Williams, Fulton, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Decompensation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Myocardial Degeneration</u> DUE TO (c) <u>[redacted]</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fractured Pelvis</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Fall at home</u>		20c. TIME OF INJURY Hour a.m. p.m. <u>9 6-62</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>Fulton</u> COUNTY <u>Callaway</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>9-8-62</u> to <u>9-8-62</u> and last saw her alive on <u>9-7-62</u> Death occurred at <u>9-8-62 9:00 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Volney Brown MD</u>		22b. ADDRESS <u>Fulton, Mo.</u>	
22c. DATE SIGNED <u>9-8-62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> 23b. DATE <u>9-9-62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Cemetery</u>		23d. LOCATION (City, town, or county) <u>Fulton, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Murphree Funeral Home Fulton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Sept. 8-1962</u> 26. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300 Rev. 4/59

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas M. Emmons

Licensed Embalmer No. 5064

P. O. Address Fulton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.